

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-475)

SERIAL NO.
10/155035
APPLICANT(S)

CLAIMS

AS FILED	AFTER		AFTER		AS FILED	AFTER		AFTER		
	1 ST AMENDMENT		2 ND AMENDMENT			1 ST AMENDMENT		2 ND AMENDMENT		
	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	
1			1			51				
2						52				
3			1			53				
4						54				
5						55				
6						56				
7						57				
8						58				
9						59				
10						60				
11						61				
12						62				
13						63				
14						64				
15						65				
16						66				
17						67				
18						68				
19						69				
20						70				
21						71				
22						72				
23						73				
24						74				
25						75				
26						76				
27						77				
28						78				
29						79				
30						80				
31						81				
32						82				
33						83				
34						84				
35						85				
36						86				
37						87				
38						88				
39						89				
40						90				
41						91				
42						92				
43						93				
44						94				
45						95				
46						96				
47						97				
48						98				
49						99				
50						100				
TOTAL IND.			1			TOTAL IND.				
TOTAL DEP.			10	10		TOTAL DEP.				
TOTAL CLAIMS			11			TOTAL CLAIMS				